

***I would like to support your worthwhile organization.
Enclosed is my tax deductible check/money order in
the following amount: \$ _____***

Please List Me as: (Check one)

_____ Donor
under \$100

_____ Patron
\$500-\$1000

_____ Sponsor
\$100-\$500

_____ Benefactor
over \$1000

Please bill my donation to my _____ Master Card _____ Visa

Number: _____

Expires: _____

Signature

FIRST NAME INITIAL LAST NAME

STREET ADDRESS APARTMENT/SUITE NUMBER

CITY/COUNTY STATE ZIP

**** Donations over \$100 will receive
a Complementary Contributing
Membership to NAPWA***

1710104

Return to:

NAPWA
P.O. Box 18345
Washington, D.C. 20036